



PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
10 North Bemiston Avenue, Clayton, Missouri 63105  
(314) 290-8452 • FAX (314) 863-0296

## APPLICATION FOR PLUMBING PERMIT RESIDENTIAL/COMMERCIAL

(PLEASE PRINT)

Permit# PL\_\_\_\_\_

☐ Two (2) sets of sealed plans showing the work to be performed in compliance with the 2015 IPC, 2015 IECC, 2015 IRC, and local amendments, for **all new construction, additions and alterations**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR REVIEW**

Applicant Name \_\_\_\_\_

Applicant Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Applicant E-Mail \_\_\_\_\_

☐ Owner ☐ Contractor ☐ Design Professional ☐ Other \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Owner E-Mail Address \_\_\_\_\_

Occupant \_\_\_\_\_

Master Plumber \_\_\_\_\_ County License # \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_

Contractors Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Project Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_ (REQUIRED)

Application is made for: ☐ New Construction ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition

This property is: ☐ Residential ☐ Commercial / Is the property located in the flood plain: ☐ Yes ☐ No

Describe nature of work and specific location on building or site \_\_\_\_\_

Realistic cost of plumbing work: \$ \_\_\_\_\_

Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued. If, in the opinion of the Building Official, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Building Official. Final plumbing permit valuation shall be set by the Building Official.

# APPLICATION FOR PLUMBING PERMIT RESIDENTIAL/COMMERCIAL Continued

For repairs, replacement or demolition, please complete this section:

| Qty   | ITEM              | Qty   | ITEM              | Qty   | ITEM                     |
|-------|-------------------|-------|-------------------|-------|--------------------------|
| _____ | Plumbers License  | _____ | Sewer Disconnect  | _____ | Back Flow Device New     |
| _____ | Sewer Sanitary    | _____ | Water Disconnect  | _____ | Back Flow Device Removal |
| _____ | Sewer Storm       | _____ | Urinal            | _____ | Laundry Drain            |
| _____ | Water Closet      | _____ | Water Heater      | _____ | Gasoline Sump            |
| _____ | Lavatory          | _____ | Yard Sprinkler    | _____ | Floor Drain              |
| _____ | Bath Tub          | _____ | Catch Basin (IN)  | _____ | Hub Drain                |
| _____ | Sink              | _____ | Catch Basin (OUT) | _____ | Misc. _____              |
| _____ | Dishwasher        | _____ | Bar Waste Opening | _____ | Misc. _____              |
| _____ | Disposal          | _____ | Dental Unit       | _____ | Misc. _____              |
| _____ | Drinking Fountain | _____ | Service Sink      | _____ | Misc. _____              |
| _____ | Shower            | _____ | Washer Stand Pipe | _____ | Misc. _____              |
| _____ | Water Service     |       |                   |       |                          |

**Complete this section for new and replacement water services:**

\_\_\_\_\_ Current Size \_\_\_\_\_ No. of Baths \_\_\_\_\_ Replacement Size

Data Form:

- Multi Family (5 or more units) and Commercial Data Form (Form 1a) must be approved by St. Louis County prior to Plumbing Permit Issuance
- 1, 2 and 4 Family Data Form (Form 1) may be completed at time of permit application

**I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

February 2016